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CONFIRMATION NO. 3229

<b>SERIAL NUMBER</b> 10/669,258	<b>FILING OR 371(c) DATE</b> 09/25/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 10071-037-999	
<b>APPLICANTS</b> Robert O. Williams, Austin, TX; Feng Zhang, Austin, TX; <i>✓ [Signature]</i>					
<b>** CONTINUING DATA *****</b> This application is a CON of 09/931,293 08/17/2001 PAT 6,638,981 <i>✓ [Signature]</i>					
<b>** FOREIGN APPLICATIONS *****</b> NONE.					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** SMALL ENTITY **</b> ** 01/07/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i>		<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 57	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 20582					
<b>TITLE</b> Topical compositions and methods for treating pain					
<b>FILING FEE RECEIVED</b> 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		